

## Indiana Testing Security and Integrity Agreement

This agreement is to be signed by each Test Coordinator, Principal, and any individual who administers, handles, or has access to secure test materials at the district or school level.

I acknowledge that I will have access to secure assessments in the Indiana Assessment System. I also acknowledge that I have read, understand, and agree to adhere to Code of Ethical Practices and Procedures ("the Code") established pursuant to 511 IAC 5-5-3 and the Indiana Assessment Program Manual for all assessments within the Indiana Assessment System. I understand that assessment materials are secure, and it is my professional responsibility to protect their security and integrity. I agree to annually complete training as required under 511 IAC 5-5-5 and the Code.

### **I therefore pledge:**

1. I have read and understand the Code.
2. I will not keep, copy, reproduce, paraphrase, distribute, review, or discuss any test materials that have not been released by the Indiana Department of Education ("Department").
3. I will not use test items, test booklets/answer sheets, or any of the information contained in an assessment to review/prepare students for a test unless and until it is released.
4. I will not allow students or any other person who is not authorized by the Principal or Corporation Test Coordinator to have access to test materials or answer keys.
5. I will not alter students' responses in any manner (indicate answers, point out rationale, prompt, etc.).
6. I will not disclose individual student test scores or test performance data to unauthorized persons.
7. I will adhere to the parameters that apply to the use assistive technology and document all applicable assistive technology to ensure the accuracy of student responses.
8. If serving as an examiner for a student with an Individualized Education Program, Individual Learning Plan, plan developed pursuant to Section 504 of the Rehabilitation Act of 1973, I will adhere to the accommodations listed therein. If serving as an examiner for a student who has a temporary condition and requires an accommodation pursuant to 511 IAC 5-2-4(b), I will provide appropriate accommodations.
9. I have read the information and instructions provided in all applicable sections of the Indiana Assessment Program Manual. I agree to administer assessments according to these procedures.
10. I understand that a violation of the Code or requirements provided in the Indiana Assessment Program Manual may constitute a breach of test integrity. I understand that any behavior that could cause student achievement to be inaccurately represented or reported constitutes such a violation.
11. I understand that any suspected breach of test integrity shall be reported to the Department pursuant to the Protocol for Investigations of Alleged Violation of Test Integrity as required under 511 IAC 5-5-4.
12. I understand that if a breach of test integrity or intellectual property right infringement occurs as a result of my actions and I hold a license/certification granted by the Department, my license/certification may be suspended or revoked under Ind. Code 20-28-5-7 and 511 IAC 5-5-3, and/or the Department may pursue civil action under intellectual property laws pursuant to 511 IAC 5-5-3.

Please print your name, sign, and return the Indiana Testing Security and Integrity Agreement to the appropriate test administrator.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement is valid for one year from the signatory date.

This form shall be maintained on file by the corporation for no fewer than three years.